



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

EPA

Inspection Date Dec. 22 '2005

Time Start _____

Time Finish _____

HAZARDOUS WASTE INSPECTION REPORT

☐ **GENERATOR**

☒ **S Q GENERATOR**

Company name Montgomery Hospital I.D. Number PAD 073658981

Site Address 1301 Powell St., Norristown, PA

County Montgomery Municipality Norristown Boro zip 19404

Name of Inspector Charles Fees

Name & Title of Responsible Official Michele Condore, Environmental Manager

Person Interviewed " Telephone (610) 270-2036

Mailing Address (if different from above) _____

Amount of Hazardous Waste Generated per Month: less than Pounds _____ Kgs

1. **Site Characterization:** 220

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____

PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____

GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad

2. **Universal Waste:** ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types _____

3. **Hazardous Waste Transporters:**

Transporter Name Clean Venture License Number PA-AH 0299

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

4. **Types of hazardous waste generated and destination facility (location & type).**

Waste Code	Waste Description	Destination Facility
D009	Hazardous Waste Solids (Mercury)	PAD 067098 822 Cycle Chem, Inc.
D008, D006 D011	Hazardous Waste Solids (Lead)	PAD 067098 822 Cycle Chem, Inc.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name Montgomery Hospital ID Number _____ Date 12-22-05

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification Number	262a.10	262.12	H002
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorized transporters only	262a.10	262.12(c)	H003
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subsequent notification requirements met	262a.12(b)		H004
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper manifest used	262a.10	262.21	H005
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Manifests filled out correctly and completely <u>see # 3</u>	262a.20		H006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests signed and routed properly	262a.23(a)	262.23	H007
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specified records retained for three years	262a.10	262.40(c)	H014
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exception reporting procedures followed	262a.42	262.42	H016
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill reporting procedures followed	262a.10	262.34(d)	H017
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPC plan developed and implemented	262a.10	262.34(a)	H018
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements followed for international shipments	262a.10	262.50 262.60	H019
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Source reduction strategy prepared and available (LQG only)	262a.100		H020
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excluded waste complies with exclusionary requirements	261a.4	261.4	H021
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				



INSPECTION REPORT COMMENTS

Date of Inspection December 22 '2005 Identification Number PAD 073650981Company/Facility/Site Name Montgomery Hospital

Comments:

On this date, Charlie Fees of the PA DEP
 Conducted a hazardous waste generator inspection.
 Michele Condone granted permission

OBSERVATIONS

1. On 12-20-05 this hospital shipped offsite hazardous waste
 in the form of blood-pressure cuffs (D009), and medical
 castings (D008, D006, D011)

2. The EPA lists Montgomery Hospital as a small
 quantity generator (SQG) of hazardous waste. However,
 records indicate that this hospital generates less than
 220 lb. / month, which would place Montgomery Hospital
 in the conditionally-exempt category.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the persons interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

 Person Interviewed Michele Condone
 (Signature)
Date 12/22/05
 Inspector Charlie J. Fees
 (Signature)
Date 12-22-05☐ White - Vendor☐ Yellow - Regional Office☐ Pink - Inspector



INSPECTION REPORT COMMENTS

Date of Inspection Dec 22, 2005 Identification Number PAD 073658981Company/Facility/Site Name Montgomery Hospital

Comments:

3. One non-determined item:

25 PA Code 242a.20 "Manifests filled out correctly and completely"

On the 2 manifests shipped this year, Montgomery hospital failed to write its EPA number - PAD 073658981 - in space #1. → This number should be written in for all future shipments of hazardous waste.

Michele Condore said that the Montgomery Hospital EPA number would be written for all future manifested shipments of hazardous waste

In summary, one non-determined item observed

Michele Condore reviewed this report and retained a copy

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Person Interviewed

Michele Condore
(Signature)

Date

12-22-05

Inspector

Charlie Lee
(Signature)

Date

12-22-05☐ White - Vendor☐ Yellow - Regional Office☐ Pink - Inspector



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

EPA

Inspection Date March 29, 2002

Time Start _____

Time Finish _____

HAZARDOUS WASTE INSPECTION REPORT

☐ GENERATOR

☒ S Q GENERATOR

Company name Montgomery Hospital I.D. Number PAD 073658981

Site Address 1301 Powell St., Norristown, PA 19404

County Montgomery Municipality Norristown Zip _____

Name of Inspector Charles Fees

Name & Title of Responsible Official Dave Ruffo

Person Interviewed Ryan Reisenwitz Telephone (G10) 270-2036

Mailing Address (if different from above) _____

Amount of Hazardous Waste Generated per Month: less than 220 Pounds _____ Kgs

1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____

PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____

GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad

2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types _____

3. Hazardous Waste Transporters:

Transporter Name _____ License Number _____

Transporter Name Clean Venture License Number PA-AH 0299

Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
		<u>Cycle Chem</u>
<u>D008</u>	<u>Hazardous waste solid (lead)</u>	<u>PAD 067098822</u>
<u>F001</u>	<u>Waste flammable liquids</u>	<u>Cycle Chem</u>
		<u>PAD 067098822</u>

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name Montgomery Hospital ID Number PAID 073658991 Date 3-29-2002

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
<input checked="" type="checkbox"/>				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
<input checked="" type="checkbox"/>				Identification Number	262a.10	262.12	H002
<input checked="" type="checkbox"/>				Authorized transporters only	262a.10	262.12(c)	H003
<input checked="" type="checkbox"/>				Subsequent notification requirements met	262a.12(b)		H004
<input checked="" type="checkbox"/>				Proper manifest used	262a.10	262.21	H005
<input checked="" type="checkbox"/>				Manifests filled out correctly and completely	262a.20		H006
<input checked="" type="checkbox"/>				Manifests signed and routed properly	262a.23(a)	262.23	H007
<input checked="" type="checkbox"/>				Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
<input checked="" type="checkbox"/>				SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
<input checked="" type="checkbox"/>				SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
<input checked="" type="checkbox"/>				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
<input checked="" type="checkbox"/>				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
<input checked="" type="checkbox"/>				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
<input checked="" type="checkbox"/>				Specified records retained for three years	262a.10	262.40(c)	H014
	<input checked="" type="checkbox"/>			Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
<input checked="" type="checkbox"/>				Exception reporting procedures followed	262a.42	262.42	H016
<input checked="" type="checkbox"/>				Spill reporting procedures followed	262a.10	262.34(d)	H017
<input checked="" type="checkbox"/>				PPC plan developed and implemented	262a.10	262.34(a)	H018
	<input checked="" type="checkbox"/>			Special requirements followed for international shipments	262a.10	262.50 262.60	H019
	<input checked="" type="checkbox"/>			Source reduction strategy prepared and available (LQG only)	262a.100		H020
<input checked="" type="checkbox"/>				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 3-29-2002 Identification Number PAD 073658981Company/Facility/Site Name Montgomery Hospital

On this date Charlie Fees of the Pa DEP conducted a hazardous waste generator inspection. Dave Rufo and Ryan Reisenwitz granted permission for inspection.

The following observations were made:

1. Montgomery hospital is listed with the EPA as a small quantity generator (SQG) of hazardous waste.
2. Review of the hazardous waste manifests for 2001 and 2002 indicate that this hospital generates the following hazardous wastes:
 - a) Lead, D008 b) Toluene, D001 c) Mercury, D009 d) Activated charcoal, D001
3. All of these waste streams total less than 220 lb/month generation for the hospital. Therefore, I gave Ryan Reisenwitz an EPA notification form so that Montgomery hospital; may re-notify the state of PA that it is a conditionally exempt generator (CEG) of hazardous waste.

No violations observed.

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Person Interviewed (signature) [Signature] Date 4/1/02
Inspector (signature) [Signature] Date 3-29-02

Inspection Report Comments

Date of Inspection 1/6/94Identification Number PADO73658981Company/Facility/Site Name Montgomery Hospital

An inspection was performed on Thursday, January 6, 1994 by Paul Handke and Brian Kosowski. The following observations were made.

1. The lab within Montgomery Hospital produces very little waste. All waste in the lab is stored in a vented containment area until transport to final containment area. Material Safety Data Sheets are kept in lab and in the Environmental Services Lead Supervisor's Office.
2. The main containment for the hazardous waste consisted of a metal storage cabinet under lock, located in the basement area of the hospital.
3. The last hazardous waste shipment occurred April 15, 1993, manifest number 7689942 and was under the small quantity generator limit of 1000 kilograms per month.

No violations were sighted at this time.

In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.

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Person interviewed (signature)

(copy sent)

Date

Inspector (signature)

Paul E. Handke

Date

1/10/94

Page 2 of 2



Hazardous Waste Inspection Report Generators — Part A

596

Date of inspection 3/12/91 Time start _____ Time finish _____

Name of inspector RICHARD J. ILLIS

Company, installation name MONTGOMERY HOSPITAL

Location ROWELL AND FORBES STS.

County MONTGOMERY Municipality MORRISTOWN

Identification number PAU 073658981

Name of responsible official JOSE VARELA

Title DIR OF ENVIRONMENTAL SERVICES

Mailing address NORRISTOWN, PA. 19401

Area code and telephone number 215-270-2093

Name of person interviewed J. M. K.

Title same

Mailing address (if different from above) _____

Area code and telephone number _____

1. Current waste handling method:

- a. ☒ On-site ☐ treatment, ☒ storage, ☐ disposal ☐ PBR
- b. ☐ On-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim
- c. ☒ Off-site ☐ treatment, ☐ storage, ☒ disposal
- d. ☐ Off-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim

2. Amount of hazardous waste produced:

- a. < 1000 kg/mo kg./mo.
- b. _____ kg./yr.

[illegible][illegible]

Commonwealth of Pennsylvania
Department of Environmental Resources
Bureau of Waste Management

Inspection Report Comments

Date of Inspection 3/12/91 Identification Number PA00073638981Company/Facility/Site Name MONTGOMERY HOSPITALPERMISSION TO CONDUCT INSPECTION GIVEN BY MR JOSE VARELA.HAZARDOUS WASTE DETERMINATION NOT AVAILABLE UPON REQUEST.MANIFESTS COMPLETED SATISFACTORILY. NO OTHER PROBLEMSOR VIOLATIONS NOTED.

WASTE DETERMINATION IS REQUIRED FOR SQG TO BE EXEMPT
FROM LQG REGULATIONS. NOV. WILL BE SENT TO MONTGOMERY HOSP.
REQUESTING THEY KEEP SUCH INFORMATION ON FILE AND NOTING
VIOLATION.

In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.

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Person Interviewed (signature) _____ Date _____

Inspector (signature) Richard J. Dillig Date 3/12/91Page 2 of 2



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
Lee Park
Suite 6010
555 North Lane
Conshohocken, PA 19428
215 832-6212

April 2, 1991

Mr. Jose' Varela
Director of Environmental Services
Montgomery Hospital
Powell & Fornance Streets
Norristown, PA 19401

Re: Hazardous Waste Inspection
PAD 073658981 3/13/91
~~East Norriton Township~~ NORRISTOWN
Montgomery County

NOTICE OF VIOLATION

Dear Mr. Varela:

This letter is to confirm the findings of the Department's referenced inspection of your hazardous waste activities. Requirements for hazardous waste facilities are contained in Chapters 260 through 270 of the Rules and Regulations of the Department. Violations of applicable sections of these regulations found during our inspection are as follows:

\$262.11(a) A person or municipality who generates a solid waste as defined in Section 103 of the Act (35 P.S. §6018.103) shall determine if that waste is a hazardous waste. (d) Generators of hazardous waste excluded under \$261.5(b) shall nonetheless retain for a period of 5 years records of quantities, descriptions and dispositions of the wastes, and shall furnish the records to the Department upon request.

In conducting an investigation at Montgomery Hospital, documentation indicating that a formal hazardous waste determination had been conducted was not available. Regulations require that a generator determine if a waste is a hazardous waste. The procedures which detail how a determination shall be conducted are outlined in Chapters 261 and 262 of the Pennsylvania Code, Title 25. Under \$261.5(g), for a small quantity generator of hazardous waste to be excluded from the requirements of a large quantity generator, they must comply with the hazardous waste determination requirements of \$262.11.

You are hereby notified of both the existence of these violations as well as the need to provide for their prompt correction. Toward this end, you are requested to submit to the Department within fourteen (14) days a proposed program and schedule for abatement of these violations. The Department's inspection report contains time periods of completion of remedial actions. These reports are



Mr. Jose' Varela

April 2, 1991

- 2 -

either enclosed or have been previously supplied to you. If your proposed abatement program indicates certain corrections cannot be completed within these time periods, you are requested to supply justification for any extensions.

This letter does not waive, either expressly or by implication, the power or authority of the Commonwealth of Pennsylvania to prosecute for any and all violations of law arising prior to or after the issuance of this letter or the conditions upon which the letter is based. This letter shall not be construed so as to waive or impair any rights of the Department of Environmental Resources, heretofore or hereafter existing.

This letter shall also not be construed as a final action of the Department of Environmental Resources.

If you have any questions concerning this matter, please feel free to contact me at The Bureau of Waste Management, phone 215 832-6212.

Very truly yours,



RICHARD J. ILLIG

Waste Management Specialist

cc: US EPA/RCRA Enforcement
Division of Compliance & Monitoring
Compliance
Ms. Kurtz
Re 30 (4)91.12

Serving Central Montgomery County Since 1889

Montgomery Hospital Medical Center

Jose Varela
Director of Environmental Services

Mr. Richard Illig
Waste Management Specialist
Lee Park
Suite 6010
555 North Lane
Conshohocken, PA 19428

Dear Mr. Illig:

This letter is to respond to the Hazardous Waste violations that you found during your inspection at Montgomery Hospital. (Letter dated April 2, 1991).

We are now in the process of having Lancaster Labs conduct a determination on the mercury base chemical from our Lab. After we receive the report, I will be forwarding you a copy.

This will take care of the violations as per our phone conversation on April 17, 1991.

If you have any questions, please contact me.

Very truly yours,



Jose Varela
Director of Environmental Services

cc Ms. Kurtz
US EPA/RCRA Enforcement
Division of Compliance & Monitoring
Mr. Chuck Day
File

1029207

1029207

Hazardous Waste
Generators - Part A

MONTGOMERY - HOSPITAL

596

Date of inspection 6/12/91 Time start 8:45 Time finish 9:30Name of inspector RICHARD J. ILLIGCompany, installation name MONTGOMERY HOSPITALLocation POWELL AND FORNACE STS.County MONTGOMERY Municipality NORRISTOWNIdentification number PRD073658981Name of responsible official JOSE VARELATitle DIRECTOR OF ENVIRONMENTAL SERVICESMailing address NORRISTOWN, PA 19401Area code and telephone number 215-270-2093Name of person interviewed NAMETitle NAME

Mailing address (if different from above) _____

Area code and telephone number _____

1. Current waste handling method:

- a. ☒ On-site ☐ treatment, ☒ storage, ☐ disposal ☐ PBR
- b. ☐ On-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim
- c. ☒ Off-site ☐ treatment, ☐ storage, ☒ disposal
- d. ☐ Off-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim

2. Amount of hazardous waste produced:

- a. 596 kg./mo.
- b. _____ kg./yr.

3. Types of hazardous waste produced by Hazardous Waste Number and destination facility (include location and type).

Waste Number	Destination Facility	Location and Type



Inspection Report Comments

Date of Inspection 6/12/91 Identification Number PN0 073658981Company/Facility/Site Name MONTGOMERY HOSPITAL

FOLLOW-UP TO VIOLATION NOTED DURING INSPECTION OF 3/12/91.
TCLP DATA IN THE FORM OF A HAZARDOUS WASTE DETERMINATION
CURS NOT AVAILABLE. THE DETERMINATION IS REQUIRED DOCUMENTATION
FOR A SQG TO BE EXEMPT FROM REQUIREMENTS OF A LQG. (261.5(G),
DOCUMENTATION CURS SUPPLIED ON 6/12/91

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Person Interviewed (signature) COPY MAILED TO FACILITY Date _____Inspector (signature) Richard J. Sully Date 6/18/91Page 2 of 2

SUBJECT: RCRA Inspection - Montgomery Hospital - Norristown, Pa.
PAD 073658981

DATE:

FROM: *JK* Gregory A. Koltonuk, [REDACTED]
RCRA Enforcement Section (3HW) *15*

To: File

Thru: *11/11/88*
VICKY BINETTI, CHIEF - RCRA Enforcement Section, 3HW *15*

BASED UPON A REVIEW OF THE RCRA INSPECTION REPORT FOR THE FACILITY
REFERENCED ABOVE, I HAVE DETERMINED THAT NO FURTHER ACTION IS
REQUIRED AT THIS TIME.

Hazardous Waste Inspection Report
Generators - Part A

EPA

Date of inspection 8/12/88 Time start _____ Time finish _____
 Name of inspector CAROL A. QUIGLEY
 Company, installation name MONTGOMERY HOSPITAL
 Location FORNANCE STREET, NORRISTOWN PA 19401
 County MONTGOMERY Municipality NORRISTOWN BORO.
 Identification number PAD073658981
 Name of responsible official Charles Day
 Title _____
 Mailing address FORNANCE ST.; NORRISTOWN PA 19401
 Area code and telephone number (215) 270-2255
 Name of person interviewed Charles Day & Nan Bertone
 Title _____
 Mailing address (if different from above) same as above
 Area code and telephone number " " "

1. Current waste handling method:

- | | | | | |
|--------------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|----------------------------------|
| a. <input type="checkbox"/> On-site | <input type="checkbox"/> treatment, | <input type="checkbox"/> storage, | <input type="checkbox"/> disposal | <input type="checkbox"/> PBR |
| b. <input type="checkbox"/> On-site | <input type="checkbox"/> use, | <input type="checkbox"/> reuse, | <input type="checkbox"/> recycle, | <input type="checkbox"/> reclaim |
| c. <input type="checkbox"/> Off-site | <input type="checkbox"/> treatment, | <input type="checkbox"/> storage, | <input type="checkbox"/> disposal | |
| d. <input type="checkbox"/> Off-site | <input type="checkbox"/> use, | <input type="checkbox"/> reuse, | <input type="checkbox"/> recycle, | <input type="checkbox"/> reclaim |

2. Amount of hazardous waste produced:

- a. _____ kg./mo.
 b. _____ kg./yr.

No hazardous waste
shipped off site as of
this date - recent
notification.

3. Types of hazardous waste produced by Hazardous Waste Number:

4. Are hazardous wastes transported off-site by the generator? ☐ Yes ☐ No

Hazardous Waste Inspection Report
Comments - Part C

Date of Inspection 8/12/88 Identification Number PAJ073658981
Company, Installation Name MONTGOMERY HOSPITAL
County MONTGOMERY Municipality NORRISTOWN

Facility notified as a small quantity generator on 5/25/88. The Department later received notification that they treat hazardous waste at this site. Mr. Charles Day informed me that the only hazardous waste generated on site is from the lab. Past disposal practices were diluting waste with large amounts of water and disposing of them in sinks leading to Norristown Base St. As of this date, there have been no hazardous waste shipments off site - they are still in the process of finding licensed transporters & permitted TSO's.

Nan Bertone, Safety Specialist for this facility informed me that a hospital consulting agency told them that since they autoclave their sharps before sending them off site to be incinerated, they must notify as a generator of hazardous waste. I requested that they submit a letter to the Department stating that they do not treat hazardous waste & that they mistakenly notified as a generator.

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Notification will be forthcoming, confirming any violations indicated herein and listing any additional violations.

Person Interviewed (signature) _____ Date _____
Inspector (signature) Carol A. Quigley Date 8/12/88

SUPPLEMENT TO U.S. EPA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY FORM (EPA Form 8700-12)

I. Installation's EPA I.D. Number

PAD073658981

II. Name of Installation

MONTGOMERY HOSPITAL

III. Location of Installation

NORRISTOWN

Municipality (Township, Borough, City)

MONTGOMERY

County

IV. IRS Employer Identification Number

23 - 1352193

V. SIC Codes (four-digit number in order of priority)

8062

Specify: HOSPITAL

Specify:

8011

Specify: Phys. OFFICES

Specify:

VI. Type of Hazardous Waste Activity

- ☒ 1. Treater
☐ 2. Storer
☐ 3. Disposer
☐ 4. Reuse, Recycle, Reclaim
☐ 5. Permit by Rule

VII. Existing Environmental Permits

A. NPDES (Discharges to Surface Water)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

B. UIC (Underground injection of fluids)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

C. RCRA (Hazardous Waste)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

D. PSD (Air Emissions from Proposed Sources)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E. Municipal Waste (As defined in Act 97)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

F. Residual Waste (As defined in Act 97)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

G. Permit by Rule

Name of POTW

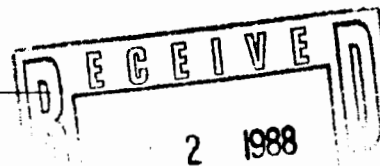
POTW NPDES Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

H. Other

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Specify)



100 Years of Caring

Montgomery
Hospital Medical
Center

Carol A. Quigley
Waste Management Specialist
Department of Environmental Resources
1875 New Hope Street
Norristown, Pa. 19401

During your visit today you informed us that we were not, in fact, a "Treater" of hazardous waste under Pennsylvania regulations. We had been advised to check this designation by the consulting firm of ECRI located in Blue Bell, Pa. The chemist at ECRI based this on the report from the DER dated January 1988 titled HOSPITAL/INFECTIOUS WASTE MANAGEMENT and on conversations with personnel at DER here in Norristown. He felt that because we autoclaved all sharps before transporting and incinerating we were, in effect, treating that waste.

As the regulations do not apply at this time to infectious waste we would like to ammend our application to reflect only hazardous waste generation.

Thank you for bringing this to our attention and for the information we have requested from your office. Please call me if there are any further questions in this regard.

Nan Bertone RN

Nan Bertone, R.N.
Hazardous Waste Management Coordinator

cc; C. Day



Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

Comments

[illegible][illegible]

Street or P.O. Box

[illegible]

City or Town															State	ZIP Code						
C 4	N	O	R	R	I	S	T	O	W	N						P	A	1	9	4	0	1

Street or Route Number

POWELL AND FORNANCE STREETS

City or Town															State	ZIP Code						
C 6	N	O	R	R	I	S	T	O	W	N						P	A	1	9	4	0	1

Name and Title (last, first, and job title)

2	D	A	Y	C	H	A	R	L	E	S	A	D	M	I	N	2	1	5	2	7	0	2	2	5	5
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

A. Name of Installation's Legal Owner

C	R	MONTGOMERY HOSPITAL	P
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VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions)

A. Hazardous Waste Activity	B. Used Oil Fuel Activities
<input checked="" type="checkbox"/> 1a. Generator <input type="checkbox"/> 2. Transporter <input type="checkbox"/> 3. Treater/Storer/Disposer <input type="checkbox"/> 4. Underground Injection <input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel <i>(enter 'X' and mark appropriate boxes below)</i> <div style="margin-left: 20px;"> <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner </div>	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel <i>(enter 'X' and mark appropriate boxes below)</i> <div style="margin-left: 20px;"> <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner </div> <input type="checkbox"/> 7. Specification Used Oil Fuel Marketer <i>(or On site Burner)</i> Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation (*transporters only — enter 'X' in the appropriate box(es)*)

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) _____

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. First Notification ☐ B. Subsequent Notification (*complete item C*)

ID — For Official Use Only													
C												T/A	C
W													1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 F003	2 F005	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U035	32 U058	33 U059	34 U150	35 U010	36 U206
37 U237	38 U239	39 U122	40 U002	41 U151	42 U188
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)


☒ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☒ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) Harry W. Gehman, President	Date Signed 5/23/88
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File

SUPPLEMENT TO U.S. EPA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY FORM (EPA Form 8700-12)

I. Installation's EPA I.D. Number

PAD073658981

II. Name of Installation

MONTGOMERY HOSPITAL

III. Location of Installation

NORRISTOWN

Municipality (Township, Borough, City)

RECEIVED
PA SECTION

SEP 7 REC'D

EPA, R3

MONTGOMERY
County

IV. IRS Employer Identification Number

23 - 1352193

V. SIC Codes (four-digit number in order of priority)

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Specify: HOSPITAL

Specify: _____

8011

Specify: Phys. OFFICES

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VI. Type of Hazardous Waste Activity

- ☒ 1. Treater
☐ 2. Storer
☐ 3. Disposer
☐ 4. Reuse, Recycle, Reclaim
☐ 5. Permit by Rule

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AUG 11 1988
DIV. OF

VII. Existing Environmental Permits

A. NPDES (Discharges to Surface Water)

B. UIC (Underground injection of fluids)

C. RCRA (Hazardous Waste)

D. PSD (Air Emissions from Proposed Sources)

E. Municipal Waste (As defined in Act 97)

F. Residual Waste (As defined in Act 97)

G. Permit by Rule

Name of POTW

POTW NPDES Number

H. Other

(Specify) _____

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2 1988



EPA I.D. NUMBER

INSTALLATION ADDRESS